



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3837

|   |   |                                |   |                                      |
|---|---|--------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/553,763  | <b>FILING OR 371(c) DATE</b><br>10/21/2005<br><b>RULE</b>   | <b>CLASS</b><br>514            | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>X16303 |
| <b>APPLICANTS</b><br>John Thomas Brandt, Indianapolis, IN;<br>Nagy Alphonse Farid, Lebanon, IN;<br>Joseph Anthony Jakubowski, Indianapolis, IN;<br>Kenneth John Winters, Germantown, TN;  |   |                                |   |                                      |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/11257 04/26/2004 which claims benefit of 60/467,903 05/05/2003 <i>SLB</i>  |   |                                |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b> <i>None</i>  |   |                                |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/19/2006</b>  |   |                                |   |                                      |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>[Signature]</i><br>Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>SLB</i> |   | <b>STATE OR COUNTRY</b><br>IN  | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>12            |
|   |   | <b>INDEPENDENT CLAIMS</b><br>8 |   |                                      |
| <b>ADDRESS</b><br>25885   |   |                                |   |                                      |
| <b>TITLE</b><br>Method for treating cardiovascular diseases   |   |                                |   |                                      |
| <b>FILING FEE RECEIVED</b><br>2260  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |